

EXHIBIT

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3. I am board certified in Neurology (2010) and Vascular Neurology (2011). I am certified by the American Society of Neuroimaging in Neurosonology interpretation.

4. I am a member of the American Academy of Neurology and the American Heart Association / American Stroke Association. I have been a reviewer and grader of submitted abstracts for selection for the AHA / ASA International Stroke Conference (Acute Ischemic Stroke category), 2011 – 2013 and 2016 – 2018.

5. From September 2010 to May 2015, I practiced as a vascular neurologist with Novant Health Medical Group in Charlotte, North Carolina. Since June 2015, I have been a vascular neurologist at Duke University Medical Center and Duke Regional Hospital. I am the Medical Director of the Duke Regional Hospital Stroke Center. Since August 2015, I have also been a member of the Duke Telestroke Network.

6. At the Duke University School of Medicine, I am an Assistant Professor of Neurology in the Stroke and Neurocritical Care division (since June 2015). I am also the Vascular Neurology Fellowship Program Director at Duke (since June 2015).

7. I have been licensed and practicing in North Carolina since 2010.

8. My CV is attached to this affidavit as Exhibit A.

9. Prior to Mr. Ruffino's admission to StoneCrest on February 17, 2016, Mr. Ruffino experienced a series of transient ischemic attacks (TIAs) with repetition of the same symptoms, including impact on speech, facial drooping, and dysfunction of his right arm and leg.

10. Mr. Ruffino was a heavy cigarette smoker.

11. On December 23, 2015, Mr. Ruffino presented to University Medical Center in Lebanon, Tennessee where he underwent a Magnetic Resonance Angiogram

(MRA) of the brain, without contrast, and Magnetic Resonance Imaging (MRI) of the brain, with and without contrast. I independently reviewed these neuroimaging studies. The December 23, 2015 MRA demonstrates blockage in Mr. Ruffino's left middle cerebral artery (MCA). The left MCA is either completely occluded in the distal M1 segment, or 99% stenosed. There is no appreciable flow through the distal M1 segment of Mr. Ruffino's middle cerebral artery on the MRA of December 23, 2015.

12. Following completion of these studies at University Medical Center, Mr. Ruffino returned to see his private neurologist, Deka Efobi, M.D., on February 11, 2016. At that time, Mr. Ruffino was on an antiplatelet medication (aspirin) and a statin. Dr. Efobi also appropriately encouraged smoking cessation, which Mr. Ruffino refused.

13. The documented TIAs were crescendo, stereotypical TIAs caused by a fixed lesion with structural narrowing in the left MCA leading to Mr. Ruffino's stroke.

14. Mr. Ruffino presented to StoneCrest Medical Center on the morning of February 17, 2016. He was transported by EMS with a complaint of dizziness. Mr. Ruffino reported to his physician at Centennial Medical Center he had awakened with right facial weakness, facial droop, slurred speech and expressive aphasia first thing on the morning of February 17, 2016.<sup>1</sup>

15. I reviewed the CT angiogram performed at StoneCrest Medical Center on the afternoon of February 17, 2016. To a reasonable degree of medical probability, an occlusion is demonstrated in this study in the M1 segment of the left MCA. The M2 segment of the left MCA is not occluded.

16. On February 17, 2016, given the long-standing complete, or nearly complete occlusion, in the M1 segment of Mr. Ruffino's left MCA, a thrombectomy

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<sup>1</sup> Medical record attached as Exhibit B to this affidavit.

would not have been appropriate. A thrombectomy is not indicated to excavate a fixed lesion; tissue plasminogen activator (tPA) was not indicated and would not have opened that vessel; and based on the 2011 SAMMPRIS trial, stenting of the long-occluded vessel was not indicated (incidence of stroke or death was 15% for those undergoing stenting vs. 5% for medical treatment only). No intervention was appropriate or indicated for Mr. Ruffino on the morning of February 17, 2016 given that the M1 segment of Mr. Ruffino's left MCA had been completely occluded or significantly stenosed since at least December 23, 2015. The treatment provided at StoneCrest was appropriate and complied with accepted standards of care.

17. The federal Food and Drug Administration authorizes use of tPA within three (3) hours after the patient was last normal. Patient outcome following administration of tPA, specific to location of the occluded vessel, has been studied. My experience is confirmed by the literature. Treatment of an occlusion in the M1 segment of the MCA with tPA does not offer any assurance of improvement in outcome to a reasonable degree of medical certainty, irrespective of time of administration of tPA. Table 4 from *Site of Arterial Occlusion Identified by Transcranial Doppler Predicts the Response to Intravenous Thrombolysis for Stroke*, **STROKE**, 2007 38: 948-954, establishes that 84.5% of patients with an occlusion in the M1 segment had a poor outcome despite administration of tPA. Even if Mr. Ruffino had received tPA shortly after his arrival to StoneCrest, it is not likely, to a reasonable degree of medical probability, that administration of tPA would have changed the outcome or prevented an injury.

18. To calculate “last known time of normal” for evaluation of tPA administration or interventional therapy, a patient must be normal when he awakens. A patient that wakes up with a deficit is considered “last normal” at the time the patient went to sleep. Based on the recorded history given in the emergency room at Centennial Medical Center,<sup>2</sup> Mr. Ruffino’s last known time of normal was when he went to bed the night before. Mr. Ruffino did not arrive in the ED at StoneCrest until 9:48 a.m. on February 17, 2016, well beyond three (3) hours after he was “last normal” by his own recorded history.

19. The FLAIR sequence of the MRI of Mr. Ruffino’s brain performed at Centennial Medical Center on February 18, 2016, shows a mix of acute *and chronic* infarction.

20. To a reasonable degree of medical probability, the care provided to Mr. Ruffino at StoneCrest Medical Center completed with accepted standards of care.

21. Given the existence of an occlusion or significant stenosis in the M1 segment of the left MCA by at least December 2015, and the location of the occlusion, no action or omission by the healthcare providers at StoneCrest Medical Center was the proximate cause of any injury to Mr. Ruffino that would not otherwise have occurred.

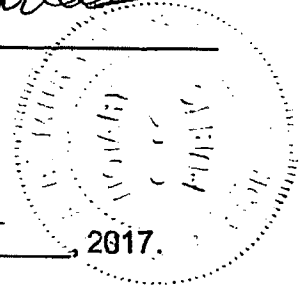
22. All of my opinions contained in this affidavit are to a reasonable degree of medical probability and are based on my personal knowledge.

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<sup>2</sup> Exhibit B.

FURTHER AFFIANT SAY NOT.

Jodi A Dodds  
JODI A. DODDS, M.D.



Sworn to and subscribed before me this 28<sup>th</sup> day of November, 2017.

Gina B. Murray  
NOTARY PUBLIC

My commission expires on: 8/30/2020  
COUNTY OF Durham )

## **CURRICULUM VITAE**

**JODI A. DODDS, MD**  
(206) 218-7476  
jodidoddsmd@gmail.com

**MAILING ADDRESS:**

3620 Henningson Way  
Durham, NC 27705

**CURRENT HOSPITAL AFFILIATION:**

Duke University Medical Center  
2301 Erwin Road  
Durham, NC 27710

**PRESENT POSITION:**

Assistant Professor of Neurology  
Division: Stroke and Neurocritical Care  
June 2015 - Present

**ADMINISTRATIVE EXPERIENCE:**

Vascular Neurology Fellowship Program Director  
Duke University School of Medicine  
June 2015 – Present

Medical Director  
Duke Regional Hospital Stroke Center  
June 2015 – Present

Medical Director and Stroke Center Director  
Novant Health Stroke and Neuroscience Institute  
September 2011 – April 2014

Chair of Neurology  
Novant Health Presbyterian Medical Center  
2012 – 2015

Executive Steering Team and Market Strategic Council  
Novant Health Presbyterian Medical Center  
2013 – 2014

Director of Novant Health Neurology Specialists Cerebrovascular  
(Neurosonology) Lab  
February 2011 – May 2015

**CLINICAL EXPERIENCE:**

Vascular Neurologist  
Novant Health Medical Group – Charlotte, NC  
September 2010 – May 2015

Vascular Neurologist  
Duke University Medical Center, Duke Regional Hospital  
June 2015 – Present

Duke Telestroke Network  
August 2015 – Present

**LICENSURE:**

North Carolina – 2010-00726 – Active  
Virginia – 0101258632 – Active

**EXHIBIT**

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## **CURRICULUM VITAE**

**Jodi A. Dodds, MD**

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### **EDUCATION AND TRAINING:**

2009 - 2010	Harborview Medical Center and University of Washington Seattle, WA Vascular Neurology Fellowship (ACGME-accredited)
2006 – 2009	University of Washington Seattle, WA Neurology Residency
2005 – 2006	University of Washington Seattle, WA Internal Medicine Internship
2001 – 2005	Medical University of South Carolina Charleston, South Carolina Doctor of Medicine
1997 – 2001	University of South Carolina Columbia, South Carolina Bachelor of Science: Biology Minor: Medical Humanities

### **LICENSURE/CERTIFICATION:**

Board Certified in Neurology (2010 – 2020)  
Certificate Number: 56201

Board Certified in Vascular Neurology (2011– 2021)  
Certificate Number: 1001

Certified by American Society of Neuroimaging –  
Neurosonology (TCD) interpretation  
January 2011 – Present (renewed 2014; expires 2017)

### **PROFESSIONAL SOCIETIES:**

2003 – Present	American Academy of Neurology
2007 – Present	Alpha Omega Alpha
2009 – Present	American Heart Association/American Stroke Association <i>*Reviewer and grader of submitted abstracts for selection for the International Stroke Conference (Acute Ischemic Stroke category), 2011 – 2013; 2016-2018</i>

### **HONORS AND AWARDS:**

2016	Duke University, Department of Neurology, Eun-Kyu Lee Award for Excellence in Teaching of Clinical Neurology
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2015

American Heart Association/American Stroke Association,  
Young Investigator Award recipient

### HONORS AND AWARDS (Continued):

2012, 2013, 2014

*Charlotte Magazine* "Top Doctors" recognition

2013

*Charlotte Business Journal* "Forty Under 40" recognition

2013

*Mecklenburg Times* "Fifty Most Influential Women" recognition

2007

**University of Washington**

Alpha Omega Alpha

2001 – 2005

**Medical University of South Carolina**

Neuroscience Student Award 2005

Honors, Neurology clerkship, 2004

Winner of Clinical Research category,

MUSC Student Research Day, 2005

Fullerton Foundation, Inc. Merit Scholarship

1997 – 2001

**University of South Carolina**

President's List

Palmetto Fellows Merit Scholarship

### PUBLICATIONS AND PRESENTATIONS:

**Dodds JA**, Xian Y, Sheng S, Fonarow GC, Matsouaka R, Bhatt DL, Peterson E, Schwamm LH, Smith EE. (2017). Intravenous recombinant tissue-type plasminogen activator use in young adults with acute ischemic stroke. Manuscript in preparation.

Andrew BY, Stack CM, Yang JP, **Dodds JA**. mStroke: "Mobile Stroke" – Improving Acute Stroke Care with Smartphone Technology. *J Stroke Cerebrovasc Dis*. 2017 Jul;26(7):1449-56.

**Jodi A. Dodds**, Ying Xian, Shubin Sheng, Gregg C. Fonarow Roland Matsouaka, Deepak L. Bhatt, Eric Peterson, Lee H. Schwamm, Eric E. Smith (2017, February). *Intravenous recombinant tissue-type plasminogen activator use in young adults with acute ischemic stroke*. **Poster presented at the AHA/ASA International Stroke Conference in Houston, Texas.**

Wang HB, Laskowitz DT, **Dodds JA**, Xie GQ, Zhang PH, Huang YN, Wang B, Wu YF. Peak Systolic Velocity Measurements with Transcranial Doppler Ultrasound is a Predictor of Incident Stroke Among the General Population in China. *PLOS One*. 2016 August 11.

IV t-PA in Acute Ischemic Stroke. Duke University Neurology Grand Rounds – Durham, NC, July 6, 2016.

Babi M.A., **Dodds J.A.**, Gonzalez L.F., Zomorodi A., Cobb M.I.H., Brown P., Smith A., Forrest H., Graffagnino C. General Anesthesia for Endovascular Acute Ischemic Stroke Treatment Does Not Compromise Good Functional Outcomes. (poster) European Stroke Conference – Venice, Italy, April 2016.

Babi M.A., **Dodds J.A.**, Gonzalez L.F., Zomorodi A., Cobb M.I.H., Brown P., Smith A., Forrest H., Graffagnino C. Influence of Age on Clinical and Revascularization Outcomes on Stroke Endovascular Reperfusion Therapies. (platform presentation) European Stroke Conference – Venice, Italy, April 2016.

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### PUBLICATIONS AND PRESENTATIONS (Continued):

Babi M.A., **Dodds J.A.**, Gonzalez L.F., Zomorodi A., Cobb M.I.H., Brown P., Smith A., Forrest H., Graffagnino C. Dual Anti-Platelet Use Following Combination Systemic Thrombolysis and Endovascular Reperfusion Therapies Does Not Increase Risk of Intracranial Hemorrhage. (platform presentation) European Stroke Conference – Venice, Italy, April 2016.

Stroke in Young Adults. North Carolina Neurological Association annual meeting – Greensboro, NC, February 20, 2016.

**Dodds JA.** North Carolina law expands pool of eligible healthcare professionals to oversee executions by lethal injection. *J Med Ethics* 2016 Jan 25 pii: medethics-2015-103078.

Revisiting Acute Ischemic Stroke in 2015. Duke Regional Hospital – Durham, NC. Grand Rounds, October 2015.

Does Endovascular Therapy for Acute Ischemic Stroke Still Make Sense? (Debate) Novant Health: Presbyterian Medical Center – Charlotte, Presbyterian Medical Center Annual Stroke Symposium, May 2014.

Why Clinical Trials Matter in Neuroscience Care. Novant Health: Presbyterian Medical Center – Charlotte, Society of Clinical Research Associates, September 2013.

Studnek J, Asimos A, **Dodds J**, Swanson D. Assessing the validity of the Cincinnati prehospital stroke scale and the medic prehospital assessment for code stroke in an urban emergency medical services agency. *Prehosp Emerg Care* 2013 Jul-Sep;17(3):348-53.

Clinical Updates from the International Stroke Conference. Presbyterian Hospital – Charlotte, Internal Medicine Grand Rounds, March 2013.

Pregnancy and Stroke. Forsyth Medical Center – Winston-Salem, NC, Forsyth Medical Center Stroke Symposium, November 2012.

Using Transcranial Doppler in the Evaluation of Ischemic Stroke. Providence Hospital – Columbia, SC, South Carolina Society for Vascular Ultrasound annual meeting, October 2012.

Revisiting t-PA in Acute Ischemic Stroke: 2012 Update. Presbyterian Hospital – Charlotte, Presbyterian Hospital Stroke Symposium, June 2012.

Approach to Acute Ischemic Stroke: 2012 Update. Presbyterian Hospital – Charlotte, Internal Medicine Grand Rounds, February 2012.

Approach to Acute Ischemic Stroke: 2011 Update. Presbyterian Hospital – Huntersville. Internal Medicine Grand Rounds, September 2011.

Approach to Acute Ischemic Stroke: 2011 Update. Presbyterian Hospital – Charlotte and Presbyterian Hospital – Matthews. July 2011 and August 2011.

Stroke Risk Factors. Levine Senior Center Stroke Symposium 2011 (community event) May 2011.

Pregnancy and Stroke. Presbyterian Hospital – Charlotte, OB/GYN Grand Rounds, February 2011.

Approach to Cryptogenic Stroke. Mid Carolina Cardiology. January 2011.

Pregnancy and Stroke. Harborview Medical Center Monthly Stroke Lecture Series (webcast and platform presentation). April 2010.

Three Cases of Genetic Ataxia. Neurology Grand Rounds, U. of Washington, 2009.

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Treating the Pregnant Patient: Concerns for the Neurological Consultant (platform presentation). Neurology Grand Rounds, U. of Washington, 2008.

*First, Do No Harm: A Case of Chronic Adhesive Arachnoiditis*. Neurology Grand Rounds, U. of Washington, 2007.

**Dodds, J.A.**, Srivastava, A.K., Holden, K.R. Unusual phenotypic expression of an XLR1 mutation in X-linked juvenile retinoschisis. *J Child Neurol* 21(4):331-333, 2006.

**Dodds, J.A.** A Family with X-linked Retinoschisis. *J Child Neurol* 19:296, 2004.

A Family with X-linked Retinoschisis (platform presentation). Southern Pediatric Neurology Society Annual Meeting. New Orleans, 2004.

Genetics of *M. tuberculosis* Susceptibility (platform presentation). National Institute of Allergic and Infectious Diseases. 2000.

### **CLINICAL RESEARCH:**

Site PI for ACTION 2 (sponsor: Biogen; Duke University Medical Center) – 2016 – Present

Site PI for MILESTONE (sponsor: Acorda Therapeutics; Duke University Medical Center) – 2015 – Present

Site PI for Extension Study for MILESTONE (sponsor: Acorda Therapeutics; Duke University Medical Center) – 2016 – Present

Site Sub-I for CREST-2 (sponsor: NIH; Duke University Medical Center) – 2016 – Present

Site PI for SOCRATES (sponsor: AstraZenica; Novant Health: Presbyterian Medical Center) – 2014 - 2015

Site PI for POINT (sponsor: NINDS; Novant Health: Presbyterian Medical Center) – 2014 – 2015

Site PI for CATO (DP-b99 neuroprotection study, sponsor: D-Pharm Ltd.; Novant Health: Presbyterian Medical Center) – study closed, 2012

RESPECT (Randomized Evaluation of Recurrent Stroke Comparing PFO Closure to Established Current Standard of Care Treatment) – involved in study as a vascular neurology fellow – 2009 – 2010

### **VOLUNTEER ACTIVITIES:**

2014 – Present	Founder of and primary contributor to <i>The Stroke Blog</i> , resource for young stroke survivors: <a href="http://strokeblog.net">http://strokeblog.net</a> >2,200 followers on social media
2016 – Present	Volunteer for Durham Summer Swim League Stroke and Turn Judge
2011 – 2014	Team Leader for VisionWalk – Charlotte, NC Foundation Fighting Blindness
2014	Organizer of Fundraising Event/Silent Auction – “Luau for Sight” Foundation Fighting Blindness

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2013

VisionWalk Chairperson – Charlotte, NC

Foundation Fighting Blindness

2013

Featured Speaker at “Dining in the Dark” event  
Foundation Fighting Blindness

CENTENNIAL MEDICAL CENTER  
2300 Patterson Street  
Nashville, TN 37203

\*\*\*\*HISTORY AND PHYSICAL\*\*\*\*

ROOM: M.NS03-A  
STATUS: ADM IN  
PATIENT: RUFFINO, JOHN JAMES  
MR#: M001949828  
ACC#: M00158587645  
DOB: 06/12/59  
PHYSICIAN: Akanbi, Olabisi O MD

DATE OF ADMISSION: 02/17/16

DATE OF ADMISSION:  
February 18, 2016

The patient was transferred from StoneCrest.

The patient was then seen by me on February 18, 2016.

CHIEF COMPLAINT:

The patient was transferred from StoneCrest where stroke was diagnosed.

HISTORY OF PRESENT ILLNESS:

The patient is a 56-year-old Caucasian male with medical history significant for hypertension and hypercholesterolemia, who presented to StoneCrest ED on account of dizziness and slurred speech with facial muscle weakness as well. This was started around 8 p.m. yesterday morning. The patient is, however, a poor historian, so history was obtained by chart review and also from wife. The patient stated that he has been having these acute events with speech difficulty and facial weakness of unknown for the past 1 month. He has had about 3 episodes so far, which really lasted for about 3 to 5 minutes and resolved completely afterwards. The patient was presented to the StoneCrest medical facility way way after the thrombolytic window and at that time, CT head was done, which did not show any intracranial abnormalities and also a CTA was done, which did not show any significant stenosis. The patient at presentation was still having the right facial weakness and droop with slurred speech with some expressive aphasia. The history, patient woke up with above listed symptoms in the morning. At Lebanon University Medical Center, he was worked up extensively with MRI brain and MRA of the brain as well with negative findings. He was given aspirin at that time and was treated for possible seizures with gabapentin.

The patient was subsequently transferred to Centennial Medical Center, it has to be reviewed by the neurologist over here.

PAST MEDICAL HISTORY:

1. Hypertension.
2. Hypercholesterolemia.

PAST SURGICAL HISTORY:

Noncontributory.

PT: RUFFINO, JOHN JAMES

UNIT: M001949828

ACCT: M00158587645

